Evidence for change of age is on: FILM No. G 123 DEC 13 1949

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

11208

Reg. Dist. No. 357

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS No.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Ross St

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Alberta | | Armstrong | 11 - 29 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | A. A. | married | 12-28-1875 | 73 74 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Same | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Ginn | Hester Manuel |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | no | Winifred Armstrong |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Vascular Accident. | 1 wk |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardiovascular Renal Disease | 10 yrs. |
| | (c) | |

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from March, 1947, to Nov. 29, 1949, that I last saw the deceased alive on Nov. 28, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Albert L. LeMar | MD | Snow Hill | 12-1-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 12-1-49 | Snow Hill Cemetery | Snow Hill | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12/1/49 | LeRoy Smith | James S. Stewart | 402 E. Church St Salisbury, Maryland. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11209

# CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #1 Snow Hill
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #1 Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) W. (Last) Bevans

4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 14/1875
9. AGE last birthday 74/4/27 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY own office
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James H. Bevans
14. MOTHER'S MAIDEN NAME Mary H. Davies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Elenor B. Titus Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 581.0 | Immediate cause | (a) Acute Pulmonary Edema | 1 day |
| | Antecedent cause(s) | | |
| 124b | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Ascites c̄ Congestive Cardiac failure | 6 wks |
| | | (c) Portal Cirrhosis of the Liver | 5 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to Nov. 11, 1949, that I last saw the deceased alive on Nov. 10, 1949, and that death occurred at 10:45A m., from the causes and on the date stated above.

SIGNATURE Robert W. La Mar (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 11-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 13/49
NAME OF CEMETERY OR CREMATORY Episcopal
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 11/12/49
REGISTRAR'S SIGNATURE LeRoy Smith g.
24. FUNERAL DIRECTOR Clay E. Ennis Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11210

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke | LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Third St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) Third St.

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) MYRITTA (Last) BOWIE

4. DATE OF DEATH: (Month) Nov. (Day) 11, (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Jan 28, 1876 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): District of Columbia | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Hinkley Childs | 14. MOTHER'S MAIDEN NAME: Laura Quaid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If year, give war or dates of service): XXXXX | 16. SOCIAL SECURITY NO.: XXXXXX | 17. INFORMANT: Mrs. Hugh V. Clary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage. — Interval between onset and death: 1 Month.

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Nov., 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Louis S. Llewelyn, M.D. | Pocomoke City, Md. | 11/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov 14, 1949 | NAME OF CEMETERY OR CREMATORY: St Mary's Episcopal | LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Nov. 14, 1949 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR: Henry H. Watson | ADDRESS: Pocomoke, Md.

VS. A15

RECEIVED
NOV 16 1949
BUREAU V. S.

11211

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Phyllis | Jane | Derickson | 11 | 9 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | a a | Married | about 1870 | about 79 yrs. | 0 | 4 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housework | same | Maryland | U.S.A |

13. FATHER'S NAME: Charles Davis

14. MOTHER'S MAIDEN NAME: Caroline Smack

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| no | | No | Mrs. Helen Landin |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Metastatic carcinoma liver | 3 mos |
| 153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of ascending colon | 1 year + |
| 462 | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Diabetes Mellitus & Arteriosclerosis | 5 years + |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from March, 1949, to 9 Nov, 1949, that I last saw the deceased alive on 3 Nov, 1949, and that death occurred at 6 A.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Nathaniel L. Timmons | M.D. | Ocean City, Md | 10 Nov 49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 11-12-49 | Davis Burying Ground | Superintendent | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11-10-49 | Helen F. Hayward | James F. Stewart | 402 E. Church St Salisbury, Maryland |

VS. A15

OCT 14 1949
BUREAU U. S.

11212

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; MARYLAND; LENGTH OF STAY (in this place) 50 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) Mae (Last) Downey

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 10, 1875

9. AGE last birthday: 74 yrs.; If under 1 year: Months 8; If under 24 hrs.: Days; Hours 6; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Merritt

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Lathbery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Chronic - Myocarditis

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-46, 19..., to 11-16, 19 49; that I last saw the deceased alive on 11-15, 19 49, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE Clifford E. Schott (Degree or title) M.D ADDRESS Berlin Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 11/18/49; NAME OF CEMETERY OR CREMATORY Evergreen; LOCATION (City, town, or county) Berlin; (State) Md

DATE REC'D BY LOCAL REG. 11-18-49; REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Bruce A. Burbage ADDRESS Berlin Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11213

# CERTIFICATE OF DEATH

Reg. Dist. No. 35 1

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill — LENGTH OF STAY in this place: 23 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | Ella | W. | Freeman | Oct. | 1 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | May 9-1872 | 77 5 23 | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Accomac Virginia | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James T. Melson | Tabitha Simmons |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| No | | None | Mather Freeman (Son) Delmar, Del. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Pulmonary Edema | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Congestive Cardiac Insufficiency. | 3 mos |
| | (c) Pulmonary Tuberculosis | 5 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | Snow Hill | Worcester | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from July, 1945, to Nov. 1, 1949, that I last saw the deceased alive on Oct. 28, 1949, and that death occurred at 8:45 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Dewey L. LaMar | M.D. | Snow Hill, Md | 11-2-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Nov. 4/49 | Whatcoat | Snow Hill | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11/2/49 | R. Ray Smith. | Elay Dennis | Snow Hill, Md |

RECEIVED
NOV 8 1949
BUREAU V. S.

11214

Evidence for change of surname shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

FILM No. G 123 JAN 12 1950

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke City Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) SAMMY (Middle) Sawyer (Last) ~~HARRIS~~

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: Oct 3, 1949 | 9. AGE last birthday: — yrs. | If under 1 year: Months — Days 1/20 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland Worcester Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Thelma H. Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mattie McBride

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia. — 1 wk.

491 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1949 to Nov. 23, 1949 that I last saw the deceased alive on Nov. 23, 1949 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis S. Llewelyn, M.D. | ADDRESS Pocomoke City, Md | DATE SIGNED 11/26/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov 25, 1949 | NAME OF CEMETERY OR CREMATORY Unionville Cemetery | LOCATION (City, town, or county) (State) Pocomoke, Worcester Md.

DATE REC'D BY LOCAL REG. Nov. 25, 1949 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR Henry A. Watson | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 20 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11215

Reg. Dist. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

**1. PLACE OF DEATH:**

County: Worcester

City or town: Berlin, Md. (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Rural Bishop
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME:** John W. Hall

**3.(b) Social Security Number**

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: widower

6.(b) Name of husband or wife: Rachel Hall

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 20, 1875

8. AGE: Years: 74 Months: 10 Days: If less than one day: hrs. min.

8. Birthplace: Worcester Co. Md.
(Town, county, and state)

10. Usual occupation: Laborer, farmer

11. Industry or business:

FATHER
12. Name: Hiram Hall
13. Birthplace: Md.

MOTHER
14. Maiden name: Sarah Elizabeth Esham
15. Birthplace: Md.

16. Informant: William Hall
Address: Washington, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-23-49 (month) (day) (year)
Cemetery or crematory: Ebenezer churchyard
Location: near Whaleyville, Md.

18. Funeral director: Henry M. Watson
Address: Pocomoke City, Md.

19. 11-22 19 49 (Date rec'd by registrar) Mrs. Hilda R. Burgess Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 21 19 49 at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1947 19 to day of death 19
and that I last saw him alive on 11-20-49 19

Immediate cause of death: Carcinoma of prostate.

DURATION: 2 yrs.

Due to:

Due to:

Other conditions:

117
51b (Include pregnancy within 3 months of death)

Major findings of operation: Prostate was resected 2 yrs ago but carcinoma had metastasized to bladder and hip joint

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank J. Lewis M. D. or other

Address: Pocomoke Md. Date signed 11-22-49

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11216

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 395

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D. LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D.
STREET ADDRESS (If rural, give location) St. Martins

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Kendall (Last) Holland
4. DATE OF DEATH (Month) Nov. (Day) 28 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 20, 1866
9. AGE last birthday 83 yrs. If under 1 year: Months 3 Days 8 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berlin, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jessie T. Holland
14. MOTHER'S MAIDEN NAME Eliza Lane.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. William Holland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) Carcinoma of Stomach, pyloric area, c̄ obstruction, — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

466 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 18 Nov 49
19b. MAJOR FINDINGS OF OPERATION Illeus, ne D Ca of pylorus of Stomach —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Nov, 1949, to 28 Nov, 1949, that I last saw the deceased alive on 28 Nov, 1949 and that death occurred at 9 30 A m., from the causes and on the date stated above.

SIGNATURE Herman A. Raphin M.D. (Degree or title) ADDRESS Berlin, Md DATE SIGNED 28 Nov 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 11/30/49 NAME OF CEMETERY OR CREMATORY Evergreen LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 11-30-49 REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BIRTH YEAR CHANGED TO 1903 by affidavit of informant, Mr. Holloway, filmed G122 12-2-49

11217 LL

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Worcester — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Worcester |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin RFD. — LENGTH OF STAY (in this place): 10 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin RFD. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: | STREET ADDRESS (If rural, give location): |

3. NAME OF DECEASED (Type or Print): (First) Viola (Middle) M. (Last) Holloway. — 4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH: June 7, 1906 (1903) — 9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Pocomoke Md. RFD — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph H. Dryden. — 14. MOTHER'S MAIDEN NAME: Bessie Taylor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Arthur Holloway Berlin Md RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 Immediate cause (a) Cirrhosis of Liver — 3 yrs.

Antecedent cause(s)

124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Inanition & Malnutrition — 7 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 5 Nov, 1949 that I last saw the deceased alive on 5th Nov, 1949, and that death occurred at 12 30 A.m., from the causes and on the date stated above.

SIGNATURE: Hermanle. Rabbins M.D. (Degree or title) — ADDRESS: 5 Bay St Berlin Md — DATE SIGNED: 5 Nov 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/7/49 — NAME OF CEMETERY OR CREMATORY: Evergreen. — LOCATION (City, town, or county): Berlin (State): Md

DATE REC'D BY LOCAL REG.: 11-7-49 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A Burbage — ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11218

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STATE Maryland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Roland. (Middle) J. (Last) Joseph. Sr.

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 31 1949

9. AGE last birthday: yrs. If under 1 year: Months. 2 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Berlin R.D. 3

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Roland J. Joseph.

14. MOTHER'S MAIDEN NAME: Vera L. Powell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Roland J. Joseph.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mal-nutrition (Marasmus) — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

772.0

158

(b) Chr. Cough from Birth

(c) consolidation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Berlin (CITY OR TOWN) Worcester (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31 -, 49., to Oct 31 -, 1949, that I last saw the deceased alive on Oct 31 -, 1949., and that death occurred at 4:30A m., from the causes and on the date stated above.

SIGNATURE: Chas. R. Lowe (Degree or title) MD ADDRESS: Berlin Md DATE SIGNED: 11-4-49

23. BURIAL, CREMATION REMOVAL (Specify): Buried; DATE: Nov. 5, 1949; NAME OF CEMETERY OR CREMATORY: Evergreen; LOCATION (City, town, or county): Berlin (State): Md

DATE REC'D BY LOCAL REG.: 11-4-49; REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Bunn A. Bunting ADDRESS: Berlin Md

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MARYLAND STATE DEPARTMENT OF HEALTH

11219

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin.; STREET ADDRESS (If rural, give location) Vine St.

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) Henry; (Last) Knight

4. DATE OF DEATH: (Month) Nov.; (Day) 24; (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 10, 1870

9. AGE last birthday: 79 yrs.; If under 1 year: Months 8; Days 14; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Washington Knight

14. MOTHER'S MAIDEN NAME: Fennie Marshall.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss. Myrtle Knight Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis c sec | 3 yrs. |
| 420.1 Antecedent cause(s) | Degenerative myocarditis | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis | 10 yrs |
| | (c) Cerebral sclerosis | 2 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1947, to 24 hrs, 1949, that I last saw the deceased alive on 24 hrs, 1949, and that death occurred at 9 45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hermann Kabler M.D. ADDRESS: Berlin, Md. DATE SIGNED: 11/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 11/26/49; NAME OF CEMETERY OR CREMATORY: Methodist Cem.; LOCATION (City, town, or county) (State): Pocomoke City Md.

DATE REC'D BY LOCAL REG.: 11-25-49; REGISTRAR'S SIGNATURE: Helen J. Hayward

24. FUNERAL DIRECTOR: Anna A. Burbage; ADDRESS: Berlin Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11220

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D. | LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) Leven (Last) Purnell

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1949

5. SEX: male | 6. COLOR OR RACE: colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Sept 4 1949 | 9. AGE last birthday: 0 yrs. | If under 1 year: Months. 2 Days 10 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Berlin Md R 1 D | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wendell Robbins. | 14. MOTHER'S MAIDEN NAME: Jessie Purnell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Jessie Purnell Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

571.0 **Immediate cause** (a) Pneumonia (Lobar) rt.

**Antecedent cause(s)**

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Colitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14-, 1949 to 11-16, 1949 that I last saw the deceased alive on 11-14, 1949 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford E. Schatt M.D. Berlin Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 11/16/49 | NAME OF CEMETERY OR CREMATORY Germantown | LOCATION (City, town, or county) (State) Berlin Md.

DATE REC'D BY LOCAL REG. 11-16-49 | REGISTRAR'S SIGNATURE Helen F Hayward | 24. FUNERAL DIRECTOR ADDRESS Emma A Bunbage Berlin Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11221

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) MARYLAND 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) B. (Last) RANTZ

4. DATE OF DEATH: (Month) Nov (Day) 17, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 22, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Kemp

14. MOTHER'S MAIDEN NAME: Carolyn Swither

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service) XXXX

16. SOCIAL SECURITY NO.: XXXX

17. INFORMANT: Miss Jeanette Rantz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis (with Terminal Uremia) — Interval between onset and death: 1 year

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia — 7 days

(c) Diabetes Mellitus.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1949, to Nov. 17, 1949, that I last saw the deceased alive on Nov. 17, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Trader, M.D. Pocomoke City, Md. 11-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Nov 20, 1949 | NAME OF CEMETERY OR CREMATORY: Salem ME Cemetery | LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Nov. 19, 1949 | REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md. ADDRESS

VS. A15

RECEIVED
NOV 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11222

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke
MARYLAND
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke
STREET ADDRESS (If rural give location) Cedar Hall

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (NMI) (Last) SCHOOLFIELD

4. DATE OF DEATH: (Month) Nov (Day) 17, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Unknown 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Schoolfield

14. MOTHER'S MAIDEN NAME: Mary Schoolfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service) XXXXX

16. SOCIAL SECURITY NO.

17. INFORMANT: Emma Jane Schoolfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Disease — Instantaneous

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Angina Pectoris — 2 years

(c) Hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Stenosis Aortic — 5 yrs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ saw the deceased from ..... to ..... that I last saw the deceased alive on Nov 17th 49, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Dr. A. L. Bartoux (Degree or title) Co. Med Examiner ADDRESS Pocomoke City Md DATE SIGNED 11/18/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Nov 20, 1949

NAME OF CEMETERY OR CREMATORY St. James Cemetery

LOCATION (City, town, or county) Pocomoke, Md. (State)

DATE REC'D BY LOCAL REG. Nov. 19, 1949

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Henry H. Watson

ADDRESS Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

11223

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (in this place): 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Solomon (Middle) Edward (Last) Ward
4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 20-1871
9. AGE last birthday: 78/5/29 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pocomokeleity, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Luther Ward
14. MOTHER'S MAIDEN NAME: Elizabeth Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mr Harry Ward Snow Hill, Md (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Congestive Cardiac Failure — 3 wks

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Coronary Thrombosis. — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arthritis of the Spine

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1946, to Nov. 19, 1949, that I last saw the deceased alive on Nov. 19, 1949, and that death occurred at 5 00 P m., from the causes and on the date stated above.

SIGNATURE: Robert L. LaMar, MD. (Degree or title) — ADDRESS: Snow Hill. — DATE SIGNED: 11-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov. 22/49 — NAME OF CEMETERY OR CREMATORY: Presbyterian — LOCATION (City, town, or county): Snow Hill — (State): Md

DATE REC'D BY LOCAL REG.: 11/21/49 — REGISTRAR'S SIGNATURE: LeRoy Smith
24. FUNERAL DIRECTOR: Alvy E. Hannis Snow Hill, Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 21 1949
BUREAU T. S.